

United States District Court  
Southern District of New York

United States

v.

Sahil Patel

Docket No. 1:14 CR.000158-01

Motion for compassionate Release Pursuant 18 U.S.C. § 3582 c.1.A.i

COMES NOW, SAHIL PATEL, herein after Petitioner , and respectfully moves this honorable court to modify his sentence and immediately release him to home confinement and a period of supervised release pursuant to 18 U.S.C. 3582 c.1.A.i. The Unprecedented , emergent, and growing risk of COVID-19 could not have been foreseen at sentencing , and poses extraordinary risks to Petitioner's health and indeed his life.

Petitioner is 41 years old man who suffers from back disk degenerarion "lower back disk" , hypertension due to sporadic anxiety , skin level tuberculosis. The following psychological issues were identified within the sentencing proceedings : Petitioner has been diagnosed to be schizophrenia , manic depression , false sense of reality , daily hallucinations , Vertigo, bipolar depression. All of these conditions were attributed to an insatiable desire for drugs and alchohol. Unfortunately MVCC cannot provide fair or even an adequate treatment to address Petitioner's needs. In fact as included in the exhibits , Petitioner has repeatedly asked for Medication he was previously prescribed , WellButrin 60mg and to his dismay the MVCC medical staff acknowledged they are understuffed due to the influx of COVID 19 cases at the facility in addition to the staff member admitted she did not know when Petitioner would able to be provided the medication needed but rather suggested Remron, and alternate drug , in which petitioner declined due to severe adverse effects when previously used. Petitioner despairately needs to seek professional help in which he was previously given by his private physician and psychiatrist.

Petitioner has ascertained that he has contracted COVID 19 for the simple fact the closed dormitory living conditions that Petitioner resides in has been on heightened COVID 19 protocol lockdown since the November 19, 2020 whereby eight inmates within the same POD collapsed and tested positive for COVID 19.

Whatsmore, one out of the eight positive tested is in critical care at an external hospital unfortunately on life support and in a comma. All 69 inmates displayed symptoms of fever, dizziness, loss of appetite, however it was not afforded COVID 19 test.

The CDC has recently declared one of the post COVID 19 consequence, for males over the age of 40 which Petitioner is, 41, is a heightened risk of blood clotting. MVCC has acknowledged this to all positive tested COVID 19 inmates. This potential blood clotting issue coupled with Petitioner's degenerate lower back disk condition makes for a potential deadly outcome. The fact of the matter is Petitioner already has two blood clots which has not been addressed by MVCC medical petitioner has not been in 80mg of econtrin daily, which other inmates with the same condition have been prescribed. Petitioner fears for his life, and justifiably so.

### Procedural History

Petitioner was charged in Violation of 18:1951, Conspiracy to commit extortion, 18:371, 912, Conspiracy to impersonate a federal officer and 18:1349 and 1343 conspiracy to commit wire fraud.

Petitioner was sentenced to 151 months in Prison and 3 years term of supervision.

Petitioner took immediate responsibility by accepting a plea agreement. He has also fulfilled all the recommendations from the court, including drug treatment through the BOP non residential drug and alcohol program, criminal behavior. Petitioner acknowledges his psychological deficiency and wishes to continue to seek professional treatment.

Since Petitioner's incarceration Petitioner has voluntarily completed numerous BOP courses. These include life skills , parenting , NRDAP, drug awareness program , BOP college guild , business administration , supply chain and delivery , commerce and trade, international business law.

Petitioner wishes to return to native country and will not fight any deportation attempts. As already stated in the exhibit - compassionate release to Warden , Petitioner has immediate access to employment support and medical help upon arrival in India.

Petitioner has a strong family foundation to continue his rehabilitation and integration back into and as a contributing member of society. Petitioner would conclude reiterating the simple fact that MVCC GEO cannot provide a safe environment for him .

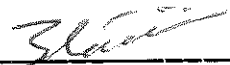
Petitioner is no longer afraid of contracting COVID 19 as he already has asymptotically , however he fears now for the post COVID related consequences. He was left along with the rest 68 inmates to recover by them selves due to the unrighten MVCC policy of herd immunity which indeed is very cruel and unusual punishment. This was not the intent of honorable Judge Hellerstein when sentenced Petitioner.

Petitioner was supposed to face an incarceration sentence for rehabilitation purposes, not a death sentence or worse , daily psychological torture of not knowing who will be the next to die, or he will even survive to see his family again.

## Conclusion

For the reasons set herein , and the current elevated crisis facing America, specifically in the Prison system , Petitioner believes the relieves and remedies as outlined in the attorney General's memorandum , of April 2020, are applicable to him for compassionate release with immediate deportation to his country , as he has served 55.3 percent of his statutory sentence, he is not affiliated with any gangs, Petitioner is considerably older now from when the original date of offense and has matured in his behavior and thought process of been a contributing member to society. Petitioner humbly requests the court considers and grants this Petition for compassionate release and - or apply all applicable releaves and remedies in which the court is aware and well versed in.

Respectfully submitted this 20<sup>th</sup> day of December 2020.

By:  \_\_\_\_\_

SAHIL PATEL  
BOP # 71079066, MVCC  
555 GEO DRIVE  
Philipsburg, PA, 16866

Under the First Step Act , this Court has broad authority to determine whether extraordinary and compelling circumstances exist to modify petitioner's sentence and release him to home confinement. This motion is ripe because Petitioner requested relief more than 30 days ago.

The First Step Act , expressly permits Petitioner to move this court to reduce his term of imprisonment and seek compassionate release. See 18 U.S.C. § 3583(c)(1)(A)(i).

Under normal circumstances , a Petitioner can seek recourse through the courts after either (1) the Federal Bureau of Prisons (BOP) declines to file such a motion on his behalf ; or (2) there has been a lapse of 30 days from the Warden's receipt of the Petitioner's request, whichever is earlier.Id.

Petitioner transmitted requests for compassionate release to the Warden at Moshannon Valley Correctional Institute . See Exhibit(s) Petitioner has exhausted the administrative process.

There are extraordinary and compelling circumstances to grant this request.

After exhausting the administrative process or the lapse of 30 days , " a court may then reduce the term of imprisonment " after finding that extraordinary and compelling reasons warrant such a reduction and such a reduction is consistent with applicable policy statements issued by the sentencing commission. United States v. Ebbers, 02 Cr. 1144 (VEC), 2020 WL 91399, at \*4, Dkt. No. 384 (S.D.N.Y. Jan 8, 2020). In making such a decision , a court must also consider the sentencing factors set forth in section 3553(a) to the extent that they are applicable Id. (quoting 18 U.S.C. §(c)(1)(A)). The sentencing commission does not constraint the court's independent assessment of whether extraordinary and compelling reasons warrant a sentence reduction in light of the First Step Act's amendments. United States v. Beck 13, Cr. 186, 2019 WL 2716505, at \*5-6 (M.D.N.C. June 28, 2019); See also Ebbers, 2020 WL 91399, at \*4. Indded the district courts themselves have the power to determine what constitute extraordinary and compelling reasons for compassionate release. United States v. Young , 00 Cr. 02, 2020 WL 1047815, at \*6 (M.D.Tenn. Mar. 4, 2020) (finding the legislative history of 18 U.S.C. § 3583(c)(1)(A)(i) to be "clearly intended to give the court the authority to reduce the term of imprisonment of a defendant who is sentenced to a term of imprisonment of more than one year if the court finds that there are extraordinary and compelling reasons to do so").

of 18 U.S.C. § 3582(c)(1)(A) indicates that lawmakers thought that extraordinary and compelling reasons for a sentence reduction should not be limited to medical condition, age, and family circumstances and granting compassionate release.)

The United States Sentencing Guidelines Application Notes to Section 1B.13 describe four potential extraordinary and compelling reasons, United States v. Venice, 17 Cr. 89 (CS), Dkt. No. 1009 (S.D.N.Y. May 7, 2020); See U.S.S.G. § 1B.13, cmt, n.t(A)-(D), including a catch all fourth category.

- Other reasons - As determined by the Director of the bureau of Prisons, there exists in the Petitioner's case an extraordinary and compelling reason than, or in combination with, the reasons described in subdivisions (A) through (C).

U.S.S.G. § 1B.13. cmt. n.1(D). Like the defendant in Venice, supra, Petitioner does not suggest he meets any of the first three categories, but argues that the risk the corona virus pandemic poses to one with his conditions meets the fourth category.

Many courts have consider granting compassionate release during the instant pandemic. See, e.g. United States v. Knox, 15 Cr. 445 (PAE), Dkt. No. 1088 (S.D.N.Y. Apr 10, 2020), ; United States v. Resnick, 12 Cr. 152 (CM), Dkt. no. 461 (S.D.N.Y. Apr, 2, 2020); United States v. Perez, 17 Cr. 513 (AT), Dkt No. 98 (S.D.N.Y. Apr, 1, 2020); United States v. Sawicz, 08 Cr. 287 (ARR), 2020, WL 1815851 (E.D.N.Y. Apr. 10, 2020); United States v. Field, 18 Cr. 426 (JPO) Dkt. No. 38 (S.D.N.Y. Apr. 6, 2020); United States v. Musumeci, 07 Cr. 402 (RMB), Dkt. No. 58 (S.D.N.Y. Apr. 28 2020); United States v. Fazio, 11 Cr. 873(ER), Dkt. No. 329 (S.D.N.Y. May 15, 2020).

### Jail is not a safe place for petitioner

The COVID-19 pandemic is extraordinary and unprecedented in modern times in this nation. It presents a clear and present danger to free society for reasons that need no elaboration.

United States v. Hernandez, 18 Cr. 834 (PAE), 2020 WL 1684062, at \*3 (S.D.N.Y. Apr. 2, 2020). Confined to a small cell where social distancing is impossible Petitioner and inmates like him cannot protect them selves from the spread of a dangerous

and highly contagious virus. United States v. Perez, 17 Cr. 513 (AT), 2020 WL 1546422, at \*4 (S.D.N.Y. Apr. 1, 2020). Effective and social distancing in most facilities is virtually impossible and crowding problems are often compounded by inadequate sanitation such as lack of hand sanitizer or sufficient opportunities to wash hands. See Exhibit - Affidavit from Brie Williams, M.D. Conditions of confinement create an ideal environment for the transmission of highly contagious diseases like COVID-19 See id. ("Because inmates live in close quarters, there is an extraordinary high risk of accelerated transmission of COVID-19 within jails and prisons.

Inmates share small cells, eat together and use the same bathrooms and sinks... They are not given tissues or sufficient hygiene supplies. In jails the probability of transmission of potentially pathogenic organisms is increased by crowding, delays in medical evaluation and treatment, rationed access to soap, water, and clean laundry and insufficient infection control expertise. See Joseph A. Blick (2007). Infection control in Jails and Prisons. Clinical Infectious Diseases 45(8):1047-1055, at <https://academic.oup.com/cid/article/45/8/1047/344842>.

As the pandemic has persisted, jails officials have exposed the insufficiency of protective measures in federal facilities across the country. For example the Warden at FCI Fort Dix said: "Social distancing is not possible at this environment. (See A.C.L.U. of New Jersey, Press release, available at <https://aclu-nj.org/news/2020/05/04/medically-vulnerable-people-federal-prison-file-class-action>.

At FCI Ray Brook, the head of the correctional workers union said: The measures put in place are nothing more than an attempt to appear that we are addressing the issues, while in reality we are doing nothing. See\* James Weldon, Correctional Officers' Union Sounds the Alarm, Adirondack Daily Enterprise (Mar. 24, 2020) available at <https://www.adirondackdailyenterprise.com/opinion/guest-commentary/2020/03/correctional-officers-union-at-fci-ray-brook-sounds-the-alarm/>.

In the community where FCC Lompoc is located, the mayor stated that the spread of COVID-19 in the community is largely due to the



prison and could have been curbed if prison leaders acted sooner and were more transparent. See Kimberly Kindy, et al., These towns love their federal prison. But COVID-19 is straining their relationship. The Washington Post, May 9, 2020, available at [https://www.washingtonpost.com/national/these-towns-love-their-federal-prison-but-covid-19-is-straining-their-relationship/2020/05/08/68e93702-9084-11-ea-9e23-6914ee410a5f\\_story.html](https://www.washingtonpost.com/national/these-towns-love-their-federal-prison-but-covid-19-is-straining-their-relationship/2020/05/08/68e93702-9084-11-ea-9e23-6914ee410a5f_story.html).

Petitioner is housed at a GEO facility which is run by the same GEO Group that :

1. Was found in 2013 guilty of "Doctoring its own Wikipedia Page".
2. Has been classified by the A.C.L.U. as "Prison profiteers"
3. GEO secretly banned COVID-19 testing thus makes them complicit in the policy of endangering inmates health and well being.
4. The A.C.L.U. in a recent filing against GEO California found that GEO when considering releasing an inmate stricken with cancer was on the record of saying "...but he is not dying fast enough, to warrant a dire situation. "
5. In 2018 it was found "ICE contactor (GEO) scares activists with legal threats in an effort to cover up misdoings. - Source: A.C.L.U.
6. In a recent interview with the A.C.L.U. it was a general consensus among inmates at GEO "They dont care if you die".

There is a significant reason to believe that the number of positive cases reported in federal prisons are artificially low.

If the prisons are not testing people , they cannot say whether or not the virus is under control. Indeed the BOP facilities at Oakdale , Elkton, and Butner all posted low numbers shortly before inmates started dying; There are over 21 deaths among these facilities alone Id.

As a private facility , Moshannon Valley is far more of a black box regarding the information that is made available to the public. Unlike BOP facilities accross the country , Moshannon Valley does not post its statistics on the BOP website , tallying rates of infection and death. Nor to date, is anyone aware of any independent inspections or litigation regarding the conditions there. At the GEO facility in Queens , NEW York, GEO has tested only 44 inmates and 39 of them were positive. The actual rates might be even higher. That is a rate of 89 percent. There were also 30 positive



staff members.

GEO Queens medical team is severely understaffed. There is only one physician , Dr. Sajjad Mohammad, and one Registered Nurse (RN) on staff, both of whom visit the facility infrequently . Currently , only one health professional - a licenced practical Nurse (LPN) - visits the facility on a daily basis. The LPN makes only cursory rounds to hand out pre-prescribed medication , take temperatures, and monitor high risk and COVID-19 positive inmates. Inmates are left alone with no medical monitoring for many hours at a time and there are no medical staff onsite at the facility at night. Moreover, because the LPNs are not licenced to prescribe medications or perform medical procedures, inmates who are experiencing symptoms of COVID-19 , but who have not been tested, cannot obtain needed medications or treatment. Given the current conditions at GEO Queens , it is likely that the majority of the inmate population has been exposed to COVID-19 but who have not been tested cannot obtain treatment.

Given that they run by the same company , logic dictates that Moshannon Valley C.I. may have similar medical staffing shortcomings. Moshannon Valley C.I. has at least three staff members tested positive.

As of October 25 2020, Unit A was placed on a strict lockdown by fear of COVID-19 outbreak, while the remaining compound inmates are kept in the dark without any updates.

When queried by any inmates about anything COVID-19 related the the Unit Manager responded facciosuly " I did not know that we now house Dr. Fauci's here ".

So the statistics that Moshannon Valley (if any) publishes are misleading. There has been no testing to any inmates for COVID-19. Courts have repeatedly discounted the government's reliance on a rate of zero in the absence of widespread or any testing. Petitioner urges the court to do the same.

Another Court has recently granted a compassionate release petition for a defendant who was also serving time at Moshannon Valley C.I. See. United States v. Molina Acevedo, 18 Cr. 365(LGS), 2020 WL 3182770 (S.D.N.Y. June 15, 2020). In that case, Judge Schofield credited the defendant's description of the living situation at the

the facility. Id. at \*3 ("a Unit with seventy four inmates who share three toilets and showers, a single sink to wash their hands, and four or five other sinks for washing personal items.

Also, Petitioner want to bring to Court's attention the fact that an additional layer of quarantine was implemented due to a severe varicella outbreak. During this heightened period of uncertainty which caused severe angst to the inmates the facility blocked the ability to change weekly linen that was afforded to the inmates which resulted in a three week fermentation of the virus in the pod. To underscore this point the mental anguish in which the inmates faced was monumental to say the least. Daily sick calls to the prison psychiatrist increased seven fold due to the stress and anxiety increase.

The deplorable confined conditions the inmates face include make shift Gyms in the toilets, Christian bible studies in the limited shower stalls, petitioner asks the court to imagine to have seventy four grown men living in a thousand square foot area. The previous referenced Gym facility and bible study facility in toilets and shower stalls may seem laughable to some but it is the harsh reality behind the veiled doors of GEO Moshannon Valley.

On October 30, 2020 the curtains used to partition the three toilets were inexplicably removed in the wee hours of the morning. To the dismay and shagrin to the inmates who awoke to use the gentlemen's convenience as part of the morning routine, there were shocked and dishearten to come to the realization that they would have to use the toilet "for number 2 purposes" (using the prison Jargon) in full view of the entire dorm, and while other inmates were brushing their teeth less than one foot away and using the microwave less than 6 feet away to make their morning breakfast. This is no humane conditions.

Also, as of three months ago there were 6125 federal inmates and 700 BOP staff members that have tested positive for COVID-19.

On November 4 2020, at 09:20 am , The Facility Administrator L.J.Oddo escorted by United Manager D. Jones announced at Charlie Unit that 4 staff members have been tested positive for COVID. To this date no widespread Inmate testing has been conducted. So up to this date, nobody has any idea how many inmates have been tested.

The chances that there actually no people (inmates) with COVID-19 at Moshannon Valley are very slim. For example the federal prisons In California , finally engaged in a widespread testing, and they found 70 percent of the population at Lompoc and 65 percent of the population at FCI terminal island were positive for COVID-19. In Pennsylvanis where Moshannon Valley is located there are at least 75,800 cases of coronavirus and at least 7,000 deaths. See Pennsylvania Department of Health website , available at <https://health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx>. The virus has specifically arrived at Clearfield county , where Moshannon Valley C.I. is located. That the virus has entirely spared the facility (or that it will continue to) ignores our collective experience during this global pandemic. See United States v. Pagliuca 17 Cr. 432(CS), Dkt. No. 63 (S.D.N.Y. May 18, 2020) (holding that despite there being no positive cases yet at FCI Fort Dix low security prison facility , "that reduces the risk to Defendant, although of course the situation could change at any time , and of course anyone in an institution where social distancing is not possible - be it a prison or a nursing home - is by definition increased risk"). Of course the danger during this pandemic is that safety today does not guarantee safetytomorrow. Thus a number of courts have ordered compassionate release for high risk prisoners in prisons including Moshannon Valley C.I see United States v. Molina Acevedo, 18 Cr. 365(LGS) , 2020 WL 3182770 (S.D.N.Y. June 15, 2020) and United States v. Frometa Hernandez (N.Y.S.D.), See United States v. Asaro, 17 Cr. 127 (ARR), 2020 WL 1899221 at \* 6 (E.D.N.Y) Apr, 17, 2020) (granting compassionate release because although there were no confirmed cases of COVID-19 at Springfield (prison were the defendant was housed ) I cannot conclude that no cases are in fact present without assurances that the BOP is routinely testing everyone within the facility ).

United States v. Pabon, 17. Cr. 165 Dkt. No. 118 (E.D. Pa. , May 4, 2020) (granting compassionate release because if the Court waits to act until BOP confirms its first case of COVID-19 at Lewisburg, it may be too late for vulnerable inmates like the defendant , and the court is not willing to take that risk)

United States. V. Fazio, 11 Cr. 873(ER). Dkt. No. 329 (S.D.N.Y May 15, 2020) granting compassionate release for a defendant at FCI Fort Dix low facility); United States v. Pagliuca, 17 Cr. 432 (CS), Dkt. No. 63 (S.D.N.Y. May 18, 2020) (same); United States v. Joel Prado, 13Cr. 811 (ALC), Dkt. No. 722 (S.D.N.Y. Apr. 30, 2020) (Granting compassionate release for a defendant at FCI Schuylkill; United States v. Ozols, 16 Cr. 692 (JMF), Dkt. No. 488 (S.D.N.Y. Jun 2, 2020) (granting compassionate release for a defendant at FSL Jessup).

Petitioner's Immigration detainer is not Disqualifying.

The Warden at Moshannon Valley CI based his denial of Petitioner's request for compassionate release on the fact that Petitioner is a deportable alien and because Immigration and customs Enforcement (ICE) has lodged a detainer for deportation proceedings.

See Exhibit - Warden's Response and Administrative Process

Therefore the Warden writes that Petitioner is ineligible for community programs to include halfway house , home confinement and compassionate release.

This stated bar however does not appear in 18 U.S.C § 3582 nor does it appear as a bar in the applicable Bureau of Prisons program statement. Unresolved detainers fall into the category of circumstances that should be considered along with the nature and circumstances of the offense, criminal history, supervised released violations, among many other factors. See Programs statement 5050.50 at p.12 available at [https://www.bop.gov/policy/progstat/5050\\_050\\_EN.pdf](https://www.bop.gov/policy/progstat/5050_050_EN.pdf).

The program statement cautions that all detainers and holds should be resolved prior to the Warden's submission of a case ; If a detainer cannot be resolved , then an explanation is needed. Id. at p.13. Thus, under BOP's own criteria , the detainer is simply

one factor in the Warden's consideration that requires comment if unresolved. It is not disqualifying.

Moreover, the Warden's view, leaves Petitioner in a catch-22. He notes that if a decision is made in regards to Petitioner's deportation status and he is determined to be not deportable the inmate becomes eligible for those programs. In other words, in the Warden's view, the first step here is for ICE to determine whether Petitioner is deportable. If not, he will be eligible for community based programs, and so could be granted release. But ICE will make no deportability determination until after Petitioner is released from federal criminal custody.

(indeed that is the purpose of a detainer: ICE notifies the prison that it would like an opportunity to process him before is release to community). Thus Petitioner is being told that he cannot get early release because ICE has a hold- and the decision about that hold cannot be made until he is released. Such a paradox should not limit Petitioner's eligibility for release during a global pandemic. The detainer simply protects ICE's opportunity to process Petitioner after the federal criminal justice system is finished with him. Here, Petitioner encourages the court to finish with him immediately.

Exhibit - Affidavit of Dr. Brie Williams

1. I am a doctor duly licensed to practice medicine in the State of California.
2. I am currently a Professor of Medicine at the University of California, San Francisco ("UCSF") in the Geriatrics Division, Director of UCSF's Amend: Changing Correctional Culture Program, as well as Director of UCSF's Criminal Justice & Health Program. In that capacity, my clinical research has focused on improved responses to disability, cognitive impairment, and symptom distress in older or seriously ill prisoners; a more scientific development of compassionate release policies; and a broader inclusion of prisoners in national health datasets and in clinical research. I have developed new methods for responding to the unique health needs of criminal justice-involved older adults—including an evidence-based approach to reforming compassionate release policies and the design of a new tool to assess physical functioning in older prisoners. I was previously a consultant for the California Department of Corrections and Rehabilitation, as well as for other state prison systems.
3. I have extensive experience working with vulnerable populations, in particular the incarcerated and the elderly.



4. I submit this affidavit in support of any defendant seeking release from custody during the COVID-19 pandemic, so long as such release does not jeopardize public safety and the inmate can be released to a residence in which the inmate can comply with CDC social distancing guidelines. The statements in this affidavit are based only on the current state of emergency and the circumstances described below.

**The Risk of Infection and Accelerated Transmission of COVID-19 within Jails and Prisons is Extraordinarily High.**

5. Prisons and jails are not actually isolated from our communities: hundreds of thousands of correctional officers and correctional healthcare workers enter these facilities every day, returning to their families and to our communities at the end of their shifts, bringing back and forth to their families and neighbors and to incarcerated patients any exposures they have had during the day. Access to testing for correctional staff has been “extremely limited,” guards have reported a “short supply” of protective equipment, and prisons are not routinely or consistently screening correctional officers for symptoms.<sup>1</sup>

6. The risk of exposure is particularly acute in pre-trial facilities where the inmate populations shift frequently.<sup>2</sup> For example, despite the federal government’s guidance to stay

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<sup>1</sup> Keegan Hamilton, *Sick Staff, Inmate Transfers, and No Tests: How the U.S. Is Failing Federal Inmates as Coronavirus Hits*, Vice (Mar. 24, 2020), [https://www.vice.com/en\\_ca/article/jge4vg/sick-staff-inmate-transfers-and-no-tests-how-the-us-is-failing-federal-inmates-as-coronavirus-hits](https://www.vice.com/en_ca/article/jge4vg/sick-staff-inmate-transfers-and-no-tests-how-the-us-is-failing-federal-inmates-as-coronavirus-hits).

See also Daniel A. Gross, *“It Spreads Like Wildfire”: The Coronavirus Comes to New York’s Prisons*, The New Yorker (Mar. 24, 2020), <https://www.newyorker.com/news/news-desk/it-spreads-like-wildfire-covid-19-comes-to-new-yorks-prisons>; Josiah Bates, *‘We Feel Like All of Us Are Gonna Get Corona.’ Anticipating COVID-19 Outbreaks, Rikers Island Offers Warning for U.S. Jails, Prisons*, Time (Mar. 24, 2020), <https://time.com/5808020/rikers-island-coronavirus/>; Sadie Gurman, *Bureau of Prisons Imposes 14-Day Quarantine to Contain Coronavirus*, WSJ (Mar. 24, 2020), <https://www.wsj.com/articles/bureau-of-prisons-imposes-14-day-quarantine-to-contain-coronavirus-11585093075>; Cassidy McDonald, *Federal Prison Workers Say Conflicting Orders on Coronavirus Response Is Putting Lives at Risk*, CBS News (Mar. 19, 2020), <https://www.cbsnews.com/news/coronavirus-prison-federal-employees-say-conflicting-orders-putting-lives-at-risk-2020-03-19/>.

<sup>2</sup> Emma Grey Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*, Wired (Mar. 24, 2020), <https://www.wired.com/story/coronavirus-covid-19-jails-prisons/>.

inside and many states' stay-in-place orders, many prosecutors are still arresting individuals and seeking detention.<sup>3</sup> Pre-trial detention facilities are still accepting new inmates who are coming from communities where COVID-19 infection is rampant. As of today's date, the Bureau of Prisons is still moving inmates from facility to facility, including prisoners in New York.<sup>4</sup>

7. Because inmates live in close quarters, there is an extraordinarily high risk of accelerated transmission of COVID-19 within jails and prisons. Inmates share small cells, eat together and use the same bathrooms and sinks. They eat together at small tables that are cleaned only irregularly. Some are not given tissues or sufficient hygiene supplies.<sup>5</sup> Effective social distancing in most facilities is virtually impossible, and crowding problems are often compounded by inadequate sanitation, such as a lack of hand sanitizer or sufficient opportunities to wash hands.<sup>6</sup>

**Inmate Populations Also Have the Highest Risk of Acute Illness and Poor Health Outcomes if Infected with COVID-19.**

8. There are more than 2.3 million people incarcerated in the United States<sup>7</sup>

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<sup>3</sup> Stephen Rex Brown, 'Business as Usual' For Federal Prosecutors Despite Coronavirus, Nadler Writes, Calling for Release of Inmates, N.Y. Daily News (Mar. 20, 2020), <https://www.nydailynews.com/new-york/ny-nadler-doj-inmates-20200320-d6hbdjcuj5aitppi3ui2xz7tjy-story.html>.

<sup>4</sup> Courtney Bubl , *Lawmakers, Union Urge Halt to All Prison Inmate Transfers*, Government Executive (Mar. 25, 2020), <https://www.govexec.com/management/2020/03/lawmakers-union-urge-halt-all-prison-inmate-transfers/164104/>; Hamilton, *Sick Staff, Inmate Transfers*; Luke Barr, *Despite Coronavirus Warnings, Federal Bureau of Prisons Still Transporting Inmates*, ABC News (Mar. 23, 2020), <https://abcnews.go.com/Health/warnings-bureau-prisons-transporting-inmates-sources/story?id=69747416>.

<sup>5</sup> Justine van der Leun, *The Incarcerated Person Who Knows How Bad It Can Get*, Medium (Mar. 19, 2020), <https://gen.medium.com/what-its-like-to-be-in-prison-during-the-coronavirus-pandemic-1e770d0ca3c5> ("If you don't have money, you don't have soap or tissues."); Keri Blakinger and Beth Schwartzapfel, *How Can Prisons Contain Coronavirus When Purrell Is a Contraband?*, ABA Journal (Mar. 13, 2020), <https://www.abajournal.com/news/article/when-purrell-is-contraband-how-can-prisons-contain-coronavirus>.

<sup>6</sup> Rosa Schwartzburg, *The Only Plan the Prison Has Is to Leave Us To Die in Our Beds*, The Nation (Mar. 25, 2020), <https://www.thenation.com/article/society/coronavirus-jails-mdc/>.

<sup>7</sup> Kimberly Kindy et al., *'Disaster Waiting to Happen': Thousands of Inmates Released as Jails and Prisons Face Coronavirus Threat*, Washington Post (Mar. 25, 2020), [https://www.washingtonpost.com/national/disaster-waiting-to-happen-thousands-of-inmates-released-as-jails-face-coronavirus-threat/2020/03/24/761c2d84-6b8c-11ea-b313-df458622c2cc\\_story.html](https://www.washingtonpost.com/national/disaster-waiting-to-happen-thousands-of-inmates-released-as-jails-face-coronavirus-threat/2020/03/24/761c2d84-6b8c-11ea-b313-df458622c2cc_story.html).

approximately 16% of whom are age 50 or older.<sup>8</sup> The risk of coronavirus to incarcerated seniors is high. “Their advanced age, coupled with the challenges of practicing even the most basic disease prevention measures in prison, is a potentially lethal combination.”<sup>9</sup> To make matters worse, correctional facilities are often ill-equipped to care for aging prisoners, who are more likely to suffer from chronic health conditions than the general public.

9. An estimated 39-43% of all prisoners, and over 70% of older prisoners, have at least one chronic condition, some of the most common of which are diabetes, hypertension, and heart problems.<sup>10</sup> According to the CDC, each of these conditions—as well as chronic bronchitis, emphysema, heart failure, blood disorders, chronic kidney disease, chronic liver disease, any condition or treatment that weakens the immune response, current or recent pregnancy in the last two weeks, inherited metabolic disorders and mitochondrial disorders, heart disease, lung disease, and certain neurological and neurologic and neurodevelopment conditions<sup>11</sup>—puts them at a “high-risk for severe illness from COVID-19.”<sup>12</sup>

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<sup>8</sup> Brie Williams *et al.*, *Strategies to Optimize the Use of Compassionate Release from US Prisons*, 110 AJPH S1, S28 (2020), available at <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305434>; Kimberly A. Skarupski, *The Health of America's Aging Prison Population*, 40 Epidemiologic Rev. 157, 157 (2018), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5982810/>.

<sup>9</sup> Weihua Li and Nicole Lewis, *This Chart Shows Why the Prison Population is So Vulnerable to COVID-19*, The Marshall Project (Mar. 19, 2020), <https://www.themarshallproject.org/2020/03/19/this-chart-shows-why-the-prison-population-is-so-vulnerable-to-covid-19>.

<sup>10</sup> Brie A. Williams *et al.*, *How Health Care Reform Can Transform the Health of Criminal Justice-Involved Individuals*, 33 Health Affairs 462-67 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4034754/>; Brie A. Williams *et al.*, *Coming Home: Health Status and Homelessness Risk of Older Pre-release Prisoners*, 25 J. Gen. Internal Med. 1038-44 (2010), available at <https://link.springer.com/content/pdf/10.1007/s11606-010-1416-8.pdf>; Laura M. Maruschak *et al.*, *Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12*, U.S. Dept of Justice (Oct. 4, 2016), at 5, available at <https://www.bjs.gov/content/pub/pdf/mpsfj1112.pdf>.

<sup>11</sup> Harvard Health Publishing, *Coronavirus Research Center*, Harvard Medical School (Mar. 25, 2020), <https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center>.

<sup>12</sup> Centers for Disease Control and Prevention, *Coronavirus Disease 2019: People Who Are at Higher Risk*, <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html> (last updated Mar. 22, 2020).

10. However, even many young federal prisoners suffer from asthma, rendering them also very vulnerable to coronavirus.<sup>13</sup>

11. But it is not only the elderly, or those with preexisting medical conditions that are at risk of coronavirus in a correctional setting. As of March 23, 2020, New York City reported that “[p]eople ranging in ages from 18 to 44 have accounted for 46 percent of positive tests.”<sup>14</sup> Across the United States, 38% of those hospitalized are between the ages of 20 and 54 and 12% of the intensive care patients are between 20 and 44.<sup>15</sup>

12. This data is of particular concern for inmate populations, since prisoners’ physiological age *averages 10 to 15 years older* than their chronological age.<sup>16</sup> Therefore, the consensus of those who study correctional health is that inmates are considered “geriatric, by the age of 50 or 55 years.”<sup>17</sup> It is not clear that prison health care administrations are taking accelerated ageing into account when determining the eligibility criteria for age-related screening tools and medical care protocols for coronavirus, potentially leaving large swathes of the prison population at risk.<sup>18</sup>

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<sup>13</sup> Laura Maruschak, *Medical Problems of Jail Inmates*, Dep’t of Justice (Nov. 2006), at p. 2, *available at* <https://www.bjs.gov/content/pub/pdf/mpji.pdf>.

<sup>14</sup> Kimiko de Freytas-Tamura, *20-Somethings Now Realizing That They Can Get Coronavirus, Too*, N.Y. Times (Mar. 23, 2020), <https://www.nytimes.com/2020/03/23/nyregion/nyc-coronavirus-young.html>.

<sup>15</sup> *Id.*

<sup>16</sup> Brie A. Williams *et al.*, *Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care*, 102 Am. J. Public Health 1475-81 (2012), *available at* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3464842/>; *see also* Brie Williams *et al.*, *Detained and Distressed: Persistent Distressing Symptoms in a Population of Older Jail Inmates*, 64 J. Am. Geriatrics Soc. 2349-55 (2016), <https://onlinelibrary.wiley.com/doi/pdf/10.1111/jgs.14310> (“For example, older jail inmates with an average age of 60 in this study reported poor or fair health [and] chronic lung disease . . . at rates similar to those reported by community-based lower income older adults with an average age of 72.”).

<sup>17</sup> Brie A. Williams *et al.*, *The Older Prisoner and Complex Chronic Medical Care* 165-70 in World Health Organization, *Prisons and Health* (2014), <https://pdfs.semanticscholar.org/64aa/10d3cff6800ed42dd152fcf4e13440b6f139.pdf>.

13. In one study, we found that inmates who died in hospitals were, on average, nearly two decades younger than non-incarcerated decedents, had significantly shorter hospitalizations, and had higher rates of several chronic conditions including cancer, liver disease and/or hepatitis, mental health conditions, and HIV/AIDS.”<sup>19</sup>

**The Entire Community is at Risk If Prison Populations Are Not Reduced**

14. As the World Health Organization has warned, prisons around the world can expect “huge mortality rates” from Covid-19 unless they take immediate action including screening for the disease.<sup>20</sup>

15. As of March 24, 2020, at least 38 people involved in the New York City correctional system have tested positive for Covid-19.<sup>21</sup> Already, three inmates and three staff at federal correctional facilities across the United States have tested positive for the coronavirus, according to the Federal Bureau of Prisons.<sup>22</sup>

16. Jails and prisons are fundamentally ill-equipped to handle a pandemic.

17. Medical treatment capacity is not at the same level in a correctional setting as it is in a hospital. Some correctional facilities have no formal medical ward and no place to quarantine

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<sup>18</sup> Brie A. Williams *et al.*, *Differences Between Incarcerated and Non-Incarcerated Patients Who Die in Community Hospitals Highlight the Need For Palliative Care Services For Seriously Ill Prisoners in Correctional Facilities and in Community Hospitals: a Cross-Sectional Study*, 32 J. Palliative Med. 17-22 (2018), available at <https://journals.sagepub.com/doi/pdf/10.1177/0269216317731547>.

<sup>19</sup> *Id.* at 20.

<sup>20</sup> Hannah Summers, ‘Everyone Will Be Contaminated’: Prisons Face Strict Coronavirus Controls, The Guardian (Mar. 23, 2020), <https://www.theguardian.com/global-development/2020/mar/23/everyone-will-be-contaminated-prisons-face-strict-coronavirus-controls>.

<sup>21</sup> Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*.

<sup>22</sup> Ryan Lucas, *As COVID-19 Spreads, Calls Grow to Protect Inmates in Federal Prisons*, NPR (Mar. 24, 2020), <https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820618140/as-covid-19-spreads-calls-grow-to-protect-inmates-in-federal-prisons>.

sick inmates, other than the facilities' Special Housing Unit (SHU).<sup>23</sup> While the cells in the SHU have solid doors to minimize the threat of viral spread in otherwise overcrowded facilities, they rarely have intercoms or other ways for sick inmates to contact officers in an emergency.<sup>24</sup> This is particularly dangerous for those with COVID-19 infection since many patients with COVID-19 descend suddenly and rapidly into respiratory distress.<sup>25</sup>

18. Even those facilities that do have healthcare centers can only treat relatively mild types of respiratory problems for a very limited number of people.<sup>26</sup> This means that people who become seriously ill while in prisons and jails will be transferred to community hospitals for care. At present, access to palliative care in prison is also limited.

19. Corrections officers may also be particularly vulnerable to coronavirus due to documented high rates of diabetes and heart disease.<sup>27</sup> Prison staff in Pennsylvania, Michigan, New York and Washington state have tested positive for the virus, resulting in inmate quarantines. In Washington, D.C., a U.S. marshal who works in proximity to new arrestees tested positive for the virus, meaning dozens of defendants headed for jail could have been exposed.<sup>28</sup> In New York,

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<sup>23</sup> MCC New York COVID 19 Policy Memo, Mar. 19, 2020, <https://www.documentcloud.org/documents/6818073-MCC-New-York-COVID-19-Policy-Memo.html>; Danielle Ivory, *'We Are Not a Hospital': A Prison Braces for the Coronavirus*, N.Y. Times (Mar. 17, 2020), <https://www.nytimes.com/2020/03/17/us/coronavirus-prisons-jails.html>.

<sup>24</sup> Brie Williams *et al.*, *Correctional Facilities in the Shadow of COVID-19: Unique Challenges and Proposed Solutions*, Health Affairs (Mar. 26, 2020), <https://www.healthaffairs.org/doi/10.1377/hblog20200324.784502/full/>.

<sup>25</sup> Lizzie Presser, *A Medical Worker Describes Terrifying Lung Failure From COVID-19—Even in His Young Patients*, ProPublica (Mar. 21, 2020), <https://www.propublica.org/article/a-medical-worker-describes-terrifying-lung-failure-from-covid19-even-in-his-young-patients>.

<sup>26</sup> Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*; Li and Lewis, *This Chart Shows Why the Prison Population is So Vulnerable to COVID-19*.

<sup>27</sup> Brie Williams, *Role of US-Norway Exchange in Placing Health and Well-Being at the Center of US Prison Reform*, <https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305444> (published Jan. 22, 2020).

<sup>28</sup> Zusha Elinson and Deanna Paul, *Jails Release Prisoners, Fearing Coronavirus Outbreak*, WSJ (Mar. 22, 2020), <https://www.wsj.com/articles/jails-release-prisoners-fearing-coronavirus-outbreak-11584885600> ("We're all headed for some dire consequences," said Daniel Vasquez, a former warden of San Quentin and Soledad state prisons in

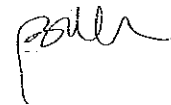
236 members of the New York Police Department have tested positive for coronavirus and 3,200 employees are sick, triple the normal sick rate.<sup>29</sup> Two federal prison staffers have also tested positive.<sup>30</sup>

20. For this reason, correctional health is public health. Decreasing risk in prisons and jails decreases risk to our communities.

21. Reducing the overall population within correctional facilities will also help medical professionals spread their clinical care services throughout the remaining population more efficiently. With a smaller population to manage and care for, healthcare and correctional leadership will be better able to institute shelter in place and quarantine protocols for those who remain. This will serve to protect the health of both inmates as well as correctional and healthcare staff.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: San Francisco, California  
March 27, 2020



Dr. Brie Williams

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California. "They're in such close quarters—some double- and triple-celled—I think it's going to be impossible to stop it from spreading.")

<sup>29</sup> Erin Durkin, *Thousands of NYPD Officers Out Sick Amid Coronavirus Crisis*, Politico (Mar. 25, 2020), <https://www.politico.com/states/new-york/albany/story/2020/03/25/thousands-of-nypd-officers-out-sick-amid-coronavirus-crisis-1268960>.

<sup>30</sup> Elinson and Paul, *Jails Release Prisoners, Fearing Coronavirus Outbreak*.



Exhibit - Administrative Remedy

Administrative Remedy  
Step 2 – Response

Date Filed: November 30, 2020

Remedy ID No.: MVCF-2020-2-096

Inmate Name: Sahil Patel


Reg. No.: 71079-066

This is in response to your Step 2 Administrative Remedy received December 2, 2020, in which you request a Compassionate Release.

A thorough review of your request was completed. At present, your information reveals that you have a detainer. During the designation process, the Bureau of Prisons, Designation and Sentence Computation Center, applied the Public Safety Factor of Deportable Alien, due to your citizenship to India. Immigration and Customs Enforcement Officials lodged a detainer on November 2, 2015, for deportation proceedings.

According to Program Statement 5050.50, all detainers and holds should be resolved. Due to this information, you appear ineligible for a compassionate release at this time.

You have exhausted all of your Administrative Remedies at this level.

12/7/20   
Date: Angela Dunbar, Director of Operations



Correctional Programs  
Administrative Remedies

**MOSHANNON VALLEY CORRECTIONAL CENTER**  
**Step 2 Administrative Remedy Form**  
**Paso 2 Forma De Remedio Administrativo**

Name: Nombre: SAHIL PATEL	BOP Number: BOP Numero: 710794066
Date: Fecha: NOV 25 2020	Housing Assignment: Unidad Asignada: C5 11LOW
<b>FOR OFFICIAL USE ONLY – PARA USO OFICIAL SOLAMENTE</b>	
Date Received: 11-30-2020	Remedy #: 2020-2-096
Date Due: 12-30-2020	

**Complaint – Reclamo**

Describe your complaint in the section below. Be as concise as possible, but be sure to include enough identifying data to assist in a thorough investigation (e.g. dates, names, locations, times, etc...) Attach one (1) additional page if necessary and the Informal Resolution Form and Step 1 response with any other supporting documentation.

Describe su telaino en la seccion de abajo. Dea lo mas breve posible, pero asegurese de incluir suficiente informacion para asistir en una completa investigacion (pe.. Fechas, nombres, ubicaciones, tiempos, etc...) Agregue una pagina si es necesario.

By this I would like to appeal the Warden's decision to deny my request for compassionate Release.

*Sahil Patel* 710794066  
Inmate Signature

Nov 25 2020  
Date



The GEO Group, Inc.

# INMATE REQUEST TO A STAFF MEMBER

## PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA: Warden L. J Oddo

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,  
AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA  
ASSISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Please find attached memorandum for Compassionate release Motion  
pursuant 18 U.S.C. § 3624 or release pursuant to 18 U.S.C. §3582  
(c)(1)(A)(i) for inmate Sahil Patel # 71079-066

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL ATRO LADO DE LA HOJA IS MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Sahil Patel No./Numero: 71079-066CASE MANAGER: Hertlein DATE: Nov-10-2020WORK ASSIGNMENT/ASIGNACION DE TRABAJO: Pro ED UNIT/UNIDAD: C5 11L

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: 11/23/2020

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

*Please see attached response.*

*[Signature]*  
Officer/Official

IM-004 ATTACHMENT A

Warden : L.J. oddo  
Facility Administrator  
Moshannon Valley  
555 GEO Drive  
Philipsburg, PA, 16866

Date: Nov-12-2020

Re: Request for Compassionate Release to Home Confinement  
under 18 U.S.C. § 3624, or release pursuant to 18 U.S.C.  
§3582(c)(1)(A)(i) for inmate Sahil Patel , BOP# 71079-066.

Dear Warden,

I hereby request that you grant me compassionate release from imprisonment pursuant to 18 U.S.C. § 3582 (c)(1)(A)(i) for extraordinary and compelling reasons , or that you transfer me to home confinement for the rest of my sentence pursuant to 18 U.S.C. §(c)(2), section 12003(b)(2) of the CARES Act, and Attorney General's Barr April 3, 2020 Memorandum for the Director of Prisons "Increasing the Use of Home confinement at Institutions most affected by COVID-19.

Generally Applicable support for my request is outlined below.

In addition the following factors specific to me demonstrate that I should be granted Compassionate release.

1. COVID-19 has been detected at Moshannon Valley Correctional Center.
2. I am over the age of 40 (42 years old).
3. I have the following medical conditions that place me at heightened risk for infection or severe illness, according to the centers for disease control and prevention (CDC).

- i. Psychosis / depression

- ii. Sporadic Siatica disc pain (lower back)

I take the following medications or have taken the following to treat the conditions noted above :

- i. Wellbutrin (600 mg)-manage depression

(At MDC Brroklyn and Fort DIX )

- ii. Ibuprufin - 600 mg On demand to manage back pain

- iii. MVCC Medical suggested the use of Remron , psych med  
however i previously declined due to psychosis effects  
I recently reconsidered and informed medical via cop-out  
to continue medication as prescribed.

iv. According to MVCC Medical I have been diagnosed as potential high risk for diabetes stage I.

I am also at a disadvantage due to my family hereditary medical history. Both my mother and father side of the family has a long history of strokes and aneurism, cardiac infraction (heart attack) diabetes, extreme high cholesterol and hypertension.

The other factors to consider in this request are :

i. My criminal history includes no allegation, charges, no convictions including violence

ii. This is my first only and last federal incarceration

iii. I have had no disciplinary infractions

iv. I have in an effort and recognized need to make my self better spiritually, mentally, and physically in the following BOP and external programs. NRDAP (non Residential Drug and Alcohol Program), stress reduction program, advanced physics theory, health education, creative writing, entrepreneurship and business manufacturing.

Compassionate release / transfer to home confinement also is more likely to decrease my risk of contracting COVID-19 as I would be residing with my mother and father at :

7, Tejenora Apt, 17 Swaminarayn Colony, Shelat Bhuvan, Maninagar Ahmd. dabad 38008, Gujarat, India.

You will note that the address I intend to residing in in India. I recognize that I do have a detainer and I do not wish to contest dispute or fight the removal proceedings. It is my desire to return to my native country. I will be able to support my self financially during home confinement / release with the assistance of my family who has multiple businesses that are immediately available for me to join. More specifically my family pharma business. My family is extremely stable and has lived at the current dwelling for the past 30 years.

I will be able to obtain private health insurance to take care of all my medical needs as well as my long time private psychiatrist now resides in Gujarat, India and I will be able to seek treatment for my severe psychological issues.

I outlined previously criterion in which compassionate release or home confinement should be granted. To further bolster this point I would like to bring to your attention the additional facts.

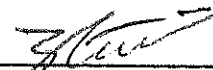
i. I was not convicted of a violent crime, sex offence or offence related to terrorism.

ii. As you know MVCC, is considered and classified as "minimum security facility".

iii. It is my understanding my "Pattern" risk assessment is considered one of the lowest assessments and is considered minimum.

I humbly request that you consider all these factors in the granting compassionate release / transfer home confinement.

Respectfully,

by:  71079-066  
Sahil Patel

BOP # 71079-066, MVCC  
555 GEO Drive  
Philipsburg, PA, 16866





November 19, 2020

Inmate: Patel, Sahil  
Reg. No.: 71079-066

GEO Secure Services™  
Moshannon Valley Correctional Facility  
555 GEO Drive  
Phillipsburg, PA 16866  
Tel: 814-768-1200  
  
www.geogroup.com

Re: Inmate Request to Staff requesting Consideration of Compassionate Release/Reduction in Sentence and/or Home Confinement.

I write in response to the Compassionate Release/Reduction in Sentence and/or Home Confinement Request received November 17, 2020. A review of the request has been completed pursuant to Bureau of Prisons Program Statement 5050.50 dated January 17, 2019, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C §§ 3582 and 4202(g).

After careful review of your request, it appears that you are ineligible based on the requirements for consideration set forth by the Bureau of Prisons.

**Detainer Status:** (Yes) or No – If an inmate has an ICE Detainer or the Public Safety Factor of Deportable Alien, the inmate is ineligible for community based programs to include halfway house, home confinement, and compassionate releases; however, if a decision is made in regards to his deportation status and he is determined to be not deportable, the inmate becomes eligible for those programs.

The following section would need to be filled out on all eligible cases:

***Twelve (12) month institutional history:***

N/A

***Verifiable release plan:***

N/A

***Offense History:***

N/A

***Security Level of Facility:***

N/A



***PATTERN Score:***

N/A

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***Age and vulnerability of the inmate to COVID-19, in accordance with the CDC Guidelines:***

N/A

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***Other Factors:***

During the designation process, the Bureau of Prisons, Designation and Sentence Computation Center, applied the Public Safety Factor of Deportable Alien, due to your citizenship to India. Immigration and Customs Enforcement Officials lodged a detainer on November 2, 2015. A decision by immigration officials in regards to your deportation status remains pending and you must be made available for IHP processing before the Executive Office of Immigration Review.

Given the above factors, it does not appear that you are eligible for Compassionate Release or Home Confinement. This recommendation is non-final and may be appealed thru the Bureau of Prisons Administrative Remedy Procedures outlined in the Inmate Admission and Orientation Handbook.

It should also be noted that we are following the CDC and Bureau of Prisons Guidelines for social distancing, sanitation, education, screening of staff and inmates, and quarantine, as well as established universal precautions to every extent possible.

Sincerely,

A handwritten signature in black ink, appearing to read "M.J. Oddo".

M.J. Oddo  
Facility Administrator

cc: SSIM  
Contracting Officer

EXHIBIT - Sentence Computation and MVCC Inmate record

MVCCX	540*23 *	SENTENCE MONITORING	*	11-04-2020
PAGE 001	*	COMPUTATION DATA	*	09:04:43
		AS OF 11-04-2020		

REGNO...: 71079-066 NAME: PATEL, SAHIL

FBI NO.....: 106085FB2	DATE OF BIRTH: 03-21-1979	AGE: 41
ARS1.....: MVC/A-DES		
UNIT.....: UNIT C	QUARTERS.....: C05-011L	
DETAINERS.....: YES	NOTIFICATIONS: NO	

HOME DETENTION ELIGIBILITY DATE: 11-25-2025

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.  
THE INMATE IS PROJECTED FOR RELEASE: 05-25-2026 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: NEW YORK, SOUTHERN DISTRICT  
DOCKET NUMBER.....: 1: 14 CR.000158-01(A)  
JUDGE.....: HELLERSTEIN  
DATE SENTENCED/PROBATION IMPOSED: 07-08-2015  
DATE COMMITTED.....: 08-25-2015  
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT  
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$400.00	\$00.00	\$00.00	\$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$6,122.60

REMARKS.....: 1: 14 CR.000158-01(AKH)

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE....: 540 18:1951 RACKETEER, VIOLENCE  
OFF/CHG: 18:1951 CONSPIRACY TO COMMIT EXTORTION (CT. 1) 18:371 & 912  
CONSPIRACY TO IMPERSONATE A FEDERAL OFFICER (CT. 2)  
18:1349 & 1343 CONSPIRACY TO COMMIT WIRE FRAUD (CT. 3)

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE.: 151 MONTHS  
TERM OF SUPERVISION.....: 3 YEARS  
DATE OF OFFENSE.....: 11-30-2013

G0002 MORE PAGES TO FOLLOW . . .

MVCCX 540\*23 \*  
PAGE 002 \*

SENTENCE MONITORING  
COMPUTATION DATA  
AS OF 11-04-2020

\* 11-04-2020  
\* 09:04:43

REGNO...: 71079-066 NAME: PATEL, SAHIL

-----CURRENT OBLIGATION NO: 020 -----  
OFFENSE CODE.....: 160 18:1028 FRAUD IDENTITY THEFT  
OFF/CHG: 18:1028A & 2 AGGRAVATED IDENTITY THEFT (CT.4)

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE.: 24 MONTHS  
TERM OF SUPERVISION.....: 1 YEARS  
RELATIONSHIP OF THIS OBLIGATION  
TO OTHERS FOR THE OFFENDER....: C/S TO OBLG 010  
DATE OF OFFENSE.....: 11-30-2013

-----CURRENT COMPUTATION NO: 010 -----  
COMPUTATION 010 WAS LAST UPDATED ON 08-08-2019 AT DSC AUTOMATICALLY  
COMPUTATION CERTIFIED ON 09-04-2019 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN  
CURRENT COMPUTATION 010: 010 010, 010 020

DATE COMPUTATION BEGAN.....: 07-08-2015  
AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA  
TOTAL TERM IN EFFECT.....: 175 MONTHS  
TOTAL TERM IN EFFECT CONVERTED...: 14 YEARS 7 MONTHS  
AGGREGATED TERM OF SUPERVISION...: 3 YEARS  
EARLIEST DATE OF OFFENSE.....: 11-30-2013

JAIL CREDIT.....: FROM DATE THRU DATE  
12-18-2013 07-07-2015

G0002 MORE PAGES TO FOLLOW . . .

MVCCX	540*23	*	SENTENCE MONITORING	*	11-04-2020
PAGE	003	*	COMPUTATION DATA	*	09:04:43
			AS OF		11-04-2020

REGNO...: 71079-066 NAME: PATEL, SAHIL

TOTAL PRIOR CREDIT TIME.....: 567  
TOTAL INOPERATIVE TIME.....: 0  
TOTAL GCT EARNED AND PROJECTED...: 787  
TOTAL GCT EARNED.....: 324  
STATUTORY RELEASE DATE PROJECTED: 05-25-2026  
ELDERLY OFFENDER TWO THIRDS DATE: 09-10-2023  
EXPIRATION FULL TERM DATE.....: 07-20-2028  
TIME SERVED.....: 6 YEARS 10 MONTHS 18 DAYS  
PERCENTAGE OF FULL TERM SERVED...: 47.1  
PERCENT OF STATUTORY TERM SERVED: 55.3

PROJECTED SATISFACTION DATE.....: 05-25-2026  
PROJECTED SATISFACTION METHOD...: GCT REL

REMARKS.....: 9-25-15: COMP ENTERED. D/DMR  
8-19-19: GCT UPDT D/SYT.

G0002 MORE PAGES TO FOLLOW . . .

MVCCX 540*23 *	SENTENCE MONITORING	*	11-04-2020
PAGE 004 OF 004 *	COMPUTATION DATA	*	09:04:43
	AS OF 11-04-2020		

REGNO...: 71079-066 NAME: PATEL, SAHIL

----- CURRENT DETAINERS: -----

DETAINER NO...: 001  
DATE LODGED...: 11-02-2015  
AGENCY.....: IMMIGRATION & CUSTOMS ENFORCE  
AUTHORITY....: VARRICK NY, DOCKET CONTROL OFFICE  
CHARGES.....: PROBABLE CAUSE EXISTS THAT THE SUBJECT IS A REMOVABLE ALIEN

G0000 TRANSACTION SUCCESSFULLY COMPLETED



MVCCX \* INMATE DISCIPLINE DATA \* 11-04-2020  
PAGE 001 OF 001 \* CHRONOLOGICAL DISCIPLINARY RECORD \* 09:05:07

REGISTER NO: 71079-066 NAME..: PATEL, SAHIL  
FUNCTION...: PRT FORMAT: CHRONO LIMIT TO \_\_\_\_ MOS PRIOR TO 11-04-2020

G5463 NO ENTRIES EXIST IN CHRONOLOGICAL LOG FOR TIME PERIOD REQUESTED

MVCCX  
PAGE 001

\*  
\*

PUBLIC INFORMATION  
INMATE DATA  
AS OF 11-04-2020

\*  
\*

11-04-2020  
09:05:31

REGNO.: 71079-066 NAME: PATEL, SAHIL

RESP OF: MVC  
PHONE.: 814-768-1200

FAX: 814-342-5900  
RACE/SEX.: ASIAN/PAC.ISL. / MALE  
AGE: 41  
PAR ELIG DT: N/A  
PAR HEAR DT:

PROJ REL MT: GOOD CONDUCT TIME RELEASE  
PROJ REL DT: 05-25-2026

G0002 MORE PAGES TO FOLLOW . . .

MVCCX  
PAGE 002

\*

PUBLIC INFORMATION  
INMATE DATA  
AS OF 11-04-2020

\*

11-04-2020  
09:05:31

REGNO.: 71079-066 NAME: PATEL, SAHIL

RESP OF: MVC

PHONE.: 814-768-1200 FAX: 814-342-5900

HOME DETENTION ELIGIBILITY DATE: 11-25-2025

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.  
THE INMATE IS PROJECTED FOR RELEASE: 05-25-2026 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: NEW YORK, SOUTHERN DISTRICT  
DOCKET NUMBER.....: 1: 14 CR.000158-01(A)  
JUDGE.....: HELLERSTEIN  
DATE SENTENCED/PROBATION IMPOSED: 07-08-2015  
DATE COMMITTED.....: 08-25-2015  
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT  
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED.:	\$400.00	\$00.00	\$00.00	\$00.00
RESTITUTION...:	PROPERTY: NO	SERVICES: NO	AMOUNT: \$6,122.60	

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE.....: 540 18:1951 RACKETEER, VIOLENCE  
OFF/CHG: 18:1951 CONSPIRACY TO COMMIT EXTORTION (CT. 1) 18:371 & 912  
CONSPIRACY TO IMPERSONATE A FEDERAL OFFICER (CT. 2)  
18:1349 & 1343 CONSPIRACY TO COMMIT WIRE FRAUD (CT. 3)SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE.: 151 MONTHS  
TERM OF SUPERVISION.....: 3 YEARS  
DATE OF OFFENSE.....: 11-30-2013

G0002

MORE PAGES TO FOLLOW . . .

MVCCX  
PAGE 003

\*

PUBLIC INFORMATION  
INMATE DATA  
AS OF 11-04-2020

\*

11-04-2020  
09:05:31

REGNO...: 71079-066 NAME: PATEL, SAHIL

RESP OF: MVC

PHONE...: 814-768-1200 FAX: 814-342-5900

-----CURRENT OBLIGATION NO: 020 -----  
OFFENSE CODE....: 160 18:1028 FRAUD IDENTITY THEFT  
OFF/CHG: 18:1028A & 2 AGGRAVATED IDENTITY THEFT (CT.4)SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE.: 24 MONTHS  
TERM OF SUPERVISION.....: 1 YEARS  
RELATIONSHIP OF THIS OBLIGATION  
TO OTHERS FOR THE OFFENDER....: C/S TO OBLG 010  
DATE OF OFFENSE.....: 11-30-2013

-----CURRENT COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 08-08-2019 AT DSC AUTOMATICALLY  
COMPUTATION CERTIFIED ON 09-04-2019 BY DESIG/SENTENCE COMPUTATION CTRTHE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN  
CURRENT COMPUTATION 010: 010 010, 010 020DATE COMPUTATION BEGAN.....: 07-08-2015  
AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA  
TOTAL TERM IN EFFECT.....: 175 MONTHS  
TOTAL TERM IN EFFECT CONVERTED...: 14 YEARS 7 MONTHS  
AGGREGATED TERM OF SUPERVISION...: 3 YEARS  
EARLIEST DATE OF OFFENSE.....: 11-30-2013JAIL CREDIT.....: FROM DATE THRU DATE  
12-18-2013 07-07-2015

G0002

MORE PAGES TO FOLLOW . . .

MVCCX \*  
PAGE 004 OF 004 \*

PUBLIC INFORMATION  
INMATE DATA  
AS OF 11-04-2020

\* 11-04-2020  
\* 09:05:31

REGNO...: 71079-066 NAME: PATEL, SAHIL

RESP OF: MVC

PHONE...: 814-768-1200 FAX: 814-342-5900

TOTAL PRIOR CREDIT TIME.....: 567

TOTAL INOPERATIVE TIME.....: 0

TOTAL GCT EARNED AND PROJECTED...: 787

TOTAL GCT EARNED.....: 324

STATUTORY RELEASE DATE PROJECTED: 05-25-2026

ELDERLY OFFENDER TWO THIRDS DATE: 09-10-2023

EXPIRATION FULL TERM DATE.....: 07-20-2028

TIME SERVED.....: 6 YEARS 10 MONTHS 18 DAYS

PERCENTAGE OF FULL TERM SERVED...: 47.1

PERCENT OF STATUTORY TERM SERVED: 55.3

PROJECTED SATISFACTION DATE.....: 05-25-2026

PROJECTED SATISFACTION METHOD...: GCT REL

S0055

NO PRIOR SENTENCE DATA EXISTS FOR THIS INMATE

MVCCX \* INMATE EDUCATION DATA \* 11-04-2020  
 PAGE 001 OF 001 \* TRANSCRIPT \* 09:05:48

REGISTER NO: 71079-066 NAME.: PATEL FUNC: PRT  
 FORMAT.....: TRANSCRIPT RSP OF: MVC-MOSHANNON VALLEY CI

## ----- EDUCATION INFORMATION -----

FACL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
MVC	ESL HAS	ENGLISH PROFICIENT	08-27-2015 1900	CURRENT
MVC	GED XN	EXEMPT GED NON-PROMOTABLE	08-27-2015 1900	CURRENT

## ----- EDUCATION COURSES -----

SUB-FACL	DESCRIPTION	START DATE	STOP DATE	EVNT	AC	LV	HRS
MVC	L-PUZZLE CHALLENGE LOCK DOWN	04-07-2020	06-30-2020	P	C	P	1
MVC	MANUFACTURING BUSINESS 1ST	01-07-2020	03-25-2020	P	C	P	48
MVC	BEGIN BUSINESS STRATEGIES 1ST	01-08-2020	03-25-2020	P	C	P	12
BRO M	HEALTH EDUCATION PROGRAM	07-09-2018	08-06-2018	P	C	P	10
BRO M	ENTREPRENEURSHIP	11-13-2017	12-30-2017	P	C	P	24
BRO M	YOGA/STRESS REDUCTION PRGM	08-13-2016	09-05-2016	P	C	P	10
FTD GP	ADVANCED PHYSICS THEORY	10-05-2015	12-21-2015	P	C	F	16
FTD GP	ACE CLASS IN CREATIVE WRITING	10-06-2015	12-22-2015	P	C	F	6

G0000 TRANSACTION SUCCESSFULLY COMPLETED

## MALE PATTERN RISK SCORING

Register Number:		71079-066	Date:		6/4/2020
Inmate Name:		Patel, Sahil			
MALE RISK ITEM SCORING	CATEGORY	GENERAL SCORE	Enter Score	VIOLENT SCORE	Enter Score
1. Current Age 41-50 Click on gray dropdown box to select, then click on dropdown arrow	> 60	0	14	0	8
	51-60	7		4	
	41-50	14		8	
	30-40	21		12	
	26-29	28		16	
	< 26	35		20	
2. Walsh w/Conviction No	No	0	0	0	0
	Yes	1		0	
3. Violent Offense (PATTERN) Yes	No	0	5	0	5
	Yes	5		5	
4. Criminal History Points 0 - 1 Points	0 - 1 Points	0	0	0	0
	2 - 3 Points	8		4	
	4 - 6 Points	16		8	
	7 - 9 Points	24		12	
	10 - 12 Points	32		16	
	> 12 Points	40		20	
5. History of Escapes None	None	0	0	0	0
	> 10 Years Minor	2		1	
	5 - 10 Years Minor	4		2	
	< 5 Years Minor/Any Serious	6		3	
6. History of Violence None	None	0	0	0	0
	> 10 Years Minor	1		1	
	> 15 Years Serious	2		2	
	5 - 10 Years Minor	3		3	
	10 - 15 Years Serious	4		4	
	< 5 Years Minor	5		5	
	5 - 10 Years Serious	6		6	
	< 5 Years Serious	7		7	
7. Education Score Not Enrolled	Not Enrolled	0	0	0	0
	Enrolled in GED	-2		-1	
	HS Degree / GED	-4		-2	
8. Drug Program Status No Need	No DAP Completed	0	-9	0	-3
	NRDAP Complete	-3		-1	
	RDAP Complete	-6		-2	
	No Need	-9		-3	
9. All Incident Reports (120 months) 0	0	0	0	0	0
	1	1		1	
	2	2		2	
	> 2	3		3	
10. Serious Incident Reports (120 months) 0	0	0	0	0	0
	1	2		2	
	2	4		4	
	> 2	6		6	
11. Time Since Last Incident Report 12+ months or no incidents	12+ months or no incidents	0	0	0	0
	7-12 months	2		1	
	3-6 months	4		2	
	<3	6		3	
12. Time Since Last Serious Incident Report 12+ months or no incidents	12+ months or no incidents	0	0	0	0
	7-12 months	1		2	
	3-6 months	2		4	
	<3	3		6	
13. FRP Refuse NO	NO	0	0	0	0
	YES	1		1	
14. Programs Completed 2 - 3	0	0	-4	0	-2
	1	-2		-1	
	2 - 3	-4		-2	
	4 - 10	-6		-3	
	> 10	-8		-4	
15. Work Programs 0 Programs	0 Programs	0	0	0	0
	1 Program	-1		-1	
	>1 Program	-2		-2	
Total Score (Sum of Columns)		General:	6	Violent:	8
General/Violent Risk Levels		General:	Minimum	Violent:	Minimum
OVERALL MALE PATTERN RISK LEVEL		Minimum			

EXHIBIT - Medical Records





The GEO Group, Inc.

# INMATE REQUEST TO A STAFF MEMBER

## PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA: Pat Psych / Medical  
(NAME/AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

I was previously on Wellbutrin (600mg) at the BOP to manage my existing psych condition. I would like to restart as I feel it would help.

Thank you in advance

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL ATRO LADO DE LA HOJA IS MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Sahil Patel No./Numero: 710 79066

CASE MANAGER: Mr Hertlien DATE: Nov 10/20

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: Pro-Ed UNIT/UNIDAD: CS-11L

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

You will be scheduled for a follow up mental health appointment to discuss this.

A. Smith  
A. Smith, LPC  
MVGF

Officer/Official

11-16-20

IM-004 ATTACHMENT A





COPIED  
11-5-20  
MB

## INMATE REQUEST TO A STAFF MEMBER PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA: Medical  
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)  
RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Please provide my Complete Medical File.

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL ATRO LADO DE LA HOJA IS MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: PATEL, SAHIL No./Numero: 71079-066  
CASE MANAGER: Mr Hertlien DATE: Nov 2/20

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: Pro-ED UNIT/UNIDAD: CS-11L

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

REMINDER:

THERE IS A CHARGE OF .10 CENTS PER  
PAGE FOR ANY PAGES OVER 180.

PACIO)

WE RECIEVED YOUR REQUEST FOR  
RECORDS. RECORDS WITH BE FORTH  
COMING.

IM-004 ATTACHMENT

RECEIVED  
11-30-20

Am Braun  
Officer/Official



The GEO Group, Inc.

71079-066  
 PATEL, SAHIL  
 DOB: 03-21-1979  
 ARSD: 06-17-2019 MVCF

TY CENTER

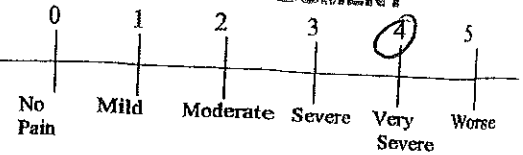
NAME:

B.O.P. #:

ALLERGIES:

NKA

## PAIN ASSESSMENT



DATE/TIME

S.O.A.P. NOTE

Doctor/ Nurse Practitioner Visit: -Sick Call Follow-Up, /-NP F/U, MD F/U

Date Request Written: 7-11-20 Reason: re-order Motrin

Interpreter #: NA

0830

S: "I use the Motrin as needed only, they help."

O: VS: T 98.1 P 69 R 16 BP 112/82 SPO2 99 WT 190# PAIN 4 / 0-5

No distress. AOX3. Patient had back surgery 2008. Uses Motrin 800mg TID prn pain. Helps c pain. Stretches and ROM, warm heat used. General exam stable otherwise. Performs ADL's c ease.

A: back surgery; chronic back pain

IMPRESSION: See above please

P/E: ① Motrin 800mg 1 tab po TID x 100 days prn pain c food. -entered

② Stretch, warm heat / ROM

③ NP f/u 5 months r/o meds

verbalized understanding

B. Shaw, CRNP  
 MVCF

Noted 7/15/20  
 c 0830  
 scheduled 12/15/20  
 c Shanna 12/20



**PO** 71079-066  
 PATEL, SAHIL  
 DOB: 03-21-1979  
 ARSD: 06-17-2019 MVCC

# S UPDATE FOR INMATES/DETAINEES/RESIDENTS

name: <u>N Patel</u>	I/D/R #:	DOB:	Facility Name:
----------------------	----------	------	----------------

Our records indicate that you had a positive PPD skin test on 12/20/13 15mm

Have you had any of the signs or symptoms listed below in the last 12 months?

Productive and prolonged (more than 3 weeks) cough	___yes	<u>no</u>
Chest pain	___yes	<u>no</u>
Coughing up blood from the respiratory tract	___yes	<u>no</u>
Fever	___yes	<u>no</u>
Chills	___yes	<u>no</u>
Night sweats	___yes	<u>no</u>
Appetite loss	___yes	<u>no</u>
Weight loss	___yes	<u>no</u>
Back pain	___yes	<u>no</u>
Blood in the urine	___yes	<u>no</u>

History of TB? \_\_\_Yes no Year of infection NA Where? NA

Previous treatment for TB? no Yes \_\_\_ No Year 1996 Where? NJ

Last chest x-ray: Date 6/19/14 Results No Active Disease

Temp 96.7 Pulse 70 B/P 123/74

Resp 16 Pulse Ox 98%

Pain 0/10 Weight 145

Staff Member Signature/Stamp [Signature] Date 6/12/20

I understand that the symptoms listed above could be symptoms of TB and that I need to see the nurse in the Medical Unit if I have these symptoms now or develop any of these symptoms in the future.

[Signature] I/D/R Signature Date 6/12/20



## MOSHANNON VALLEY CENTER

71079-066

NAME:

PATEL, SAHIL

DOB: 03-21-1979

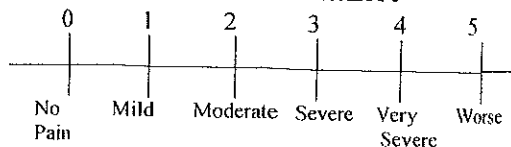
B.O.P. #:

ARSD: 06-17-2019 MVCC

ALLERGIES:

None

## PAIN ASSESSMENT



DO NOT USE ABBREVIATION LIST:

U, IU, Q.D., Q.O.D., H.S., S.C., etc. TRAILING ZERO AFTER A DECIMAL

S.O.A.P.E. NOTE

DATE / TIME

2 3 20

ADMINISTRATIVE

NOTE/ORDER

0730

1 buprofen 800mg 1 tab Po Tid  
 prn Pain x 180 days

Chart review 5 1/2 months to reorder  
 1 buprofen.

David M. Revak, D.O.  
MVCC

0730 FEB 03 2020

Noted 2/3/20

0925



## MOSHANNON VALLEY CENTER

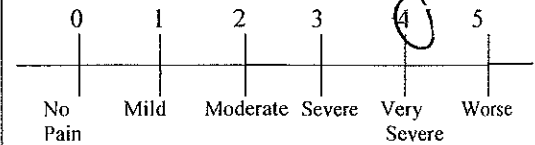
71079-066

PATEL, SAHIL

DOB: 03-21-1979

ARSD: 06-17-2019 MVCC

## PAIN ASSESSMENT



NKDA

DATE / TIME	S.O.A.P. E. NOTE
11/8/19 0835	<p>Doctor/ Nurse Practitioner Visit: <u>-Sick Call Follow-Up, -NP F/U, MD F/U</u></p> <p>Date Request Written: <u>6/26/19</u> Reason: <u>Ibuprofen fill</u></p> <p>Interpreter #: <u>NA</u></p> <p>S: "I use it only when I need it."</p> <p>O: VS: T <u>96.7</u> P <u>52</u> R <u>16</u> BP <u>120/79</u> SPO2 <u>99</u> WT <u>190</u> PAIN <u>4/0-5</u></p> <p>NO distress. A&amp;Ox3. Removed medication for back pain. Uses motrin as needed. Discussed other options such as strength exercise, stretches, warm heat. General exam stable.</p> <p>A: Chronic back pain</p> <p>IMPRESSION: see above please</p> <p>P/E: ① continue motrin/ibuprofen as ordered ② NP fill July to re-order medications. ③ warm heat, ROM, stretching pm pain</p> <p>E: Inmate expressed understanding of treatment plan &amp; his questions were addressed.</p>
<p>med 7/18/19 0940 D. Lutz, RN MVCC</p>	<p>Not seen 7/31/19 1350</p> <p>B. Shaw, CRNP MVCC</p>





# RECTIONAL HEALTHCARE SERVICE NURSING ASSESSMENT PROTOCOLS

71079-066

PATEL, SAHIL

DOB: 03-21-1979

ARSD: 06-17-2019 MVCC

FACILITY: \_\_\_\_\_

## PSYCHIATRIC EMERGENCIES PROTOCOL

DOB: \_\_\_\_\_

Number: \_\_\_\_\_

☐ Interpreter used? ☐ Yes ☒ No Interpreter number \_\_\_\_\_

SUBJECTIVE: Chief complaint/statement of the alleged incident:

Pt having anxiety about coronavirus & people coughing

History of mental illness: noLast mental health evaluation: 6-28-19Any communication of suicidal intent: noIs there a plan or means to carry out the plan: naAre there Risk Indicators or recent life events causing the distress: "anxiety about people coughing hearing"Allergies: NADAExperiencing pain? (0-10) 0Current Medications: metrinOBJECTIVE BP: 131/83 P: 76 R: 18 T: 97.0 Weight: 200 O2 Sat: 98Appearance appropriate: yesClothing disheveled: noAlert: yesLethargic: noIncontinent: noBody odor: noUnusual facial expressions: noCooperative: yesEye contact: yesOriented to person/place/time: alert, orientedTone of voice: normalVolume of voice: normalRate of speech: normalAgitated: noMotor retardation/deficits: noMood: unremarkable

depressive

☒ anxiousAffect: appropriate☒ blunt

flat

Thinking appropriately: yes Answers appropriately: yes Thinking logical: yes Easily distractible: noHallucinations: noDelusions: noImmediate memory intact: yesRecent memory intact: yesRemote memory intact: yesSuicidal ideas: yes ☒ no

If yes, daily / weekly

Specific plans: naHistory of attempts: noHomicidal ideas: yes ☒ no

If yes, daily / weekly

History of aggressions towards others: noAppetite normal: goodSleep habits normal: good

Comments:

ASSESSMENT: Anxiety related to scare of corona virus

PLAN: ① Give patient the opportunity to ventilate his/her feelings verbally:

2. Listen for understanding:

3. Make the patient aware that help is available for him/her to gain control:

4. Offer counseling:

⑤ Refer for Psychiatric/Mental Health consultation and notify the Psychiatrist/Mental health provider or MD/NP/PA for orders:

6. Refer to Policy 628 Therapeutic Seclusion and Restraint or Policy 610 Forced Psychotropic Medications as needed.

7. May place patient on Suicide Alert status according to policy and procedures:

EDUCATION: Patient verbalized and understands above instructions:

Nursing Signature: Sina SmyDate: 3/13/20Print/Stamp Name: S. Sankey RN MUCFTime: 1400

# MOSHANNON VALLEY CENTER

**ALLERGIES: NKDA**

Q

1

2

2

△

6

Worse

Worse

U, IU, Q.D., Q.O.D., qhs., S.C., cc. TRAILING ZERO AFTER A

## DECIMAL

[illegible]



71079-066

**PATEL, SAHIL**

DOB: 03-21-1979

ARSD: 06-17-2019 MVCF

1004

**Keep On Person Medication Sign Out Sheet**

Name: Patel

ID/R.#

71079-0666

[illegible]

Duplicate form      White copy to chart  
Yellow copy to I/D/R



## History and PI

71079-066

PATEL, SAHIL

DOB: 03-21-1979

ARSD: 06-17-2019 MVCC

(NP/PA)

(Cont'd)

Inmate/Detainee/Resident (I/D/R) Name:

Facility Name:

Notes: (Describe every abnormality in detail. Enter pertinent item number before each comment and use additional sheets if necessary)

H: poor vision  
 IV: ↓ back pain - chronic back pain - awaiting records  
 OPS: refused  
 Q: Not clinically indicated  
 X: no tattoos  
 ↳ requests ↓ back

DENTAL: See Dental Evaluation in chart.

\*\* Pertinent Past Test Results Only\*\* (actual results are found under laboratory section, see chart)

## Urinalysis

Date: 6/24/19

☒ No clinically significant abnormal values noted  
☐ Clinically significant abnormalities

## CBC

Date: 6/17/19

☒ No clinically significant labs noted  
☐ Clinically significant abnormality

G. TST and/or Chest X-Ray (date, and result)

NA

Last TST Date: 12/20/13

15 mm

Chest X-Ray for +TST

Date: 6/19/19

Results: no active dx seen

## Syphilis Serology

Date: 6/17/19

☒ Non-Reactive☐ Other, explain below

(Cont'd)

BP-A360.060  
MAY 1994

## MEDICAL HISTORY REPORT

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY  
AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME-FIRST NAME-MIDDLE NAME

IDENTIFICATION NUMBER

3. PURPOSE OF EXAMINATION

RECEIVING FACILITY

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH  
(complaint arises)71079-066  
PATEL, SAHIL  
DOB: 03-21-1979  
ARSD: 06-17-2019 MVCC

Description of past history, if

7. HAVE YOU EVER (Please check each item)			8. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
	<input checked="" type="checkbox"/>	Live with anyone who had tuberculosis	<input checked="" type="checkbox"/>		Wear glasses or contact lenses
	<input checked="" type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/>		Have vision in both eyes
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction		<input checked="" type="checkbox"/>	Wear a hearing aid
	<input checked="" type="checkbox"/>	Attempted suicide		<input checked="" type="checkbox"/>	Stutter or stammer habitually
<input checked="" type="checkbox"/>		Been a sleepwalker	<input checked="" type="checkbox"/>		Wear a brace or back support

9. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
		<input checked="" type="checkbox"/>	Scarlet fever		<input checked="" type="checkbox"/>		Adverse reaction to drug or medicine		<input checked="" type="checkbox"/>		Epilepsy or fits
		<input checked="" type="checkbox"/>	Rheumatic fever		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		Car, train, sea or air sickness
<input checked="" type="checkbox"/>			Swollen or painful joints	<input checked="" type="checkbox"/>			Broken bones	<input checked="" type="checkbox"/>			Frequent trouble sleeping
<input checked="" type="checkbox"/>			Frequent or severe headache	<input checked="" type="checkbox"/>			Tumor, growth, cyst, cancer	<input checked="" type="checkbox"/>			Depression or excessive worry
				<input checked="" type="checkbox"/>			Rupture/hernia		<input checked="" type="checkbox"/>		Loss of memory or amnesia
				<input checked="" type="checkbox"/>			Piles or rectal disease		<input checked="" type="checkbox"/>		Nervous trouble of any sort
<input checked="" type="checkbox"/>			Dizziness or fainting spells		<input checked="" type="checkbox"/>		Frequent or painful urination		<input checked="" type="checkbox"/>		Periods of unconsciousness
<input checked="" type="checkbox"/>			Eye trouble		<input checked="" type="checkbox"/>		Bed wetting since age 12		<input checked="" type="checkbox"/>		Have you ever had homosexual contact?
	<input checked="" type="checkbox"/>		Ear, nose, throat trouble		<input checked="" type="checkbox"/>		Kidney stone or blood in urine		<input checked="" type="checkbox"/>		Been exposed to AIDS
	<input checked="" type="checkbox"/>		Hearing loss		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			Alcohol Use (Excessive)
	<input checked="" type="checkbox"/>		Chronic, frequent colds		<input checked="" type="checkbox"/>		Sugar, albumin in urine	<input checked="" type="checkbox"/>			Drug Use/Addiction
	<input checked="" type="checkbox"/>		Severe tooth, gum trouble		<input checked="" type="checkbox"/>		VD-Syphilis, gonorrhea, etc.				Marijuana
	<input checked="" type="checkbox"/>		Sinusitis		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			Cocaine
	<input checked="" type="checkbox"/>		Hay Fever		<input checked="" type="checkbox"/>		Recent gain or loss of weight				Heroin
	<input checked="" type="checkbox"/>		Head injury		<input checked="" type="checkbox"/>						L.S.D.
	<input checked="" type="checkbox"/>		Skin diseases		<input checked="" type="checkbox"/>		Arthritis, Rheumatism, or Bursitis				Amphetamines
	<input checked="" type="checkbox"/>		Thyroid trouble		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			Others: (Specify) <i>440</i>

(This form replaces BP-360(60) dated January 1988)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bone, joint or other deformity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lameness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alcohol or drug Withdrawal Problems
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Loss of finger or toe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pain, pressure in chest	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Painful or "Trick" shoulder or elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recurrent back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Palpitation or pounding heart	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	"Trick" or locked knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. FEMALES ONLY HAVE YOU EVER Been treated for a female disorder
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Heart trouble	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Foot trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Had a change in menstrual pattern
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High or low blood pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Neuritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cramps in your legs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paralysis (include infantile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE YOU PREGNANT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Frequent indigestion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUSPECT YOU ARE PREGNANT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gall bladder trouble or gallstones	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jaundice or hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. WHAT IS YOUR USUAL OCCUPATION?

N/A

12. ARE YOU (check one)

☒ Right handed☐ Left handed

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO		YES	NO	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Have you ever had any illness or injury noted? (If yes, specify when, where, and give details.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Inability to perform certain motions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. Inability to assume certain positions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Have you ever been rejected for military service because of physical, mental, or other reason? (If yes, give date, and reason, for rejections.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D. Other medical reasons (If yes, give reasons.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Have you, ever been treated for a mental condition? (If yes, specify when, where, and give details.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Have you ever been denied life insurance? (Reason and give details.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

EXPLANATION: (#13-22 ABOVE)

71079-066  
 PATEL, SAHIL  
 DOB: 03-21-1979  
 ARSD: 06-17-2019 MVCC

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE <b>X PATEL, SAHIL</b>		SIGNATURE <b>X [Signature]</b>	
INTAKE SCREENING: _____		HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? _____	
INMATE RECEIVED FROM: COURT ___ TRANSFER ___ P.V. _____			
OTHER _____			
MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ECT. NOTE OBSERVATIONS IN BLOCK 23 BELOW.		DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ___ NO ___	
IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED:		WHAT ARRANGEMENTS HAVE BEEN MADE? _____	
		DUTY STATUS: TEMPORARY WORK ___ RESTRICTED ___	
		GENERAL POPULATION ___ YES ___ NO ___	
		TYPE AND EXTENT OF LIMITATION _____	

23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

*essentially healthy*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER <b>B. Shaw, CRNP</b> <b>MVCC</b>	DATE <b>6/26/19</b> <b>1345</b>	SIGNATURE <b>[Signature]</b>	NUMBER OF ATTACHED SHEETS <b>3</b>
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**David M. Revak, D.O.**  
**MVCC**

**JUN 26 2019**  
**1500**

71079-066  
PATEL, SAHIL  
DOB: 03-21-1979  
ARSD: 06-17-2019 MVCC



From: Sahil Patel  
BOP # 710 79 066, MVCC  
555 GEO Drive  
Philipsburg, PA, 16866

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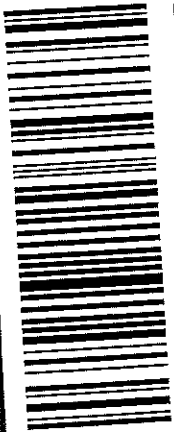


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Criminal  
Deleting

To: United States District Court  
Office of the Clerk  
Southern District of New York  
500 Pearl Street  
New York, NY, 10007

